

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH		
O.I.P.E. CLASSIFIER	MTN	50	08-31-01
FORMALITY REVIEW	CV	503	09-24-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/15/02
2	12/10/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

705/503

926  
 09/25/01